

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number: 57953/1201

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.
Signature: _____
Name: _____

In re Application of: Dorothea Zucker-Franklin

Application Number: 10/796,747 Filed: March 9, 2004
For: DEVICES AND METHODS FOR REMOVAL OF LEUKOCYTES FROM BREAST MILK

Group Art Unit: 1797

Examiner: John Kim

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____
- ☐ Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) \$ _____
- ☒ Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) \$ 525
- ☐ Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) \$ _____
- ☐ Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) \$ _____

- ☒ Applicant claims small entity status.
- ☐ A check to cover the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141138. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 53,081.

_____/Shelley A. Jones/_____
Signature Date

Typed or printed name Telephone Number

(585) 263-1461

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

SEND TO: Commissioner for Patents
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